Where to Turn for Help for Older Persons

A Guide for Action on Behalf of An Older Person

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A Guide for Action on Behalf of An Older Person

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Preface

This booklet is designed to assist you in finding help when you are faced with an *urgent situation* regarding an *elderly* family member, friend or neighbor. Keep this booklet in a place where you can find it for a quick reference when needed.

Often a crisis occurs for an older loved one who lives in a community other than the one in which you live—across the State, or across the nation. The information in this booklet is designed to provide you with guidance as to where to find help in the community where the older person lives.

The first section of this guide contains the most frequently asked questions or issues in the most significant life areas.

Become familiar with this booklet, and learn how to use it. It may make all the difference in a crisis for an older person that you care a great deal about!

Carol Fraser Fisk
U.S. Commissioner on Aging

User's Guide

Throughout this booklet there are references to the local **Area Agency on Aging**. These are local agencies designated by the Governor of each State to be concerned with all matters that relate to the needs of the elderly in the community. It is this agency that is most likely to be able to mobilize help in time of need in the community in which an older person lives.

Because of the large number of these local agencies around the nation, it is impractical to provide accurate addresses and telephone numbers in this booklet. Rather, you will be directed to the **State Agency on Aging** charged with managing these agencies. You only need to ask for the **Area Agency on Aging** responsible for the community or county in which the older person lives. The **State Agency** will supply you with the telephone number of the local agency.

You should then call the appropriate **Area Agency on Aging.** They will help you.

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FINANCES

FINANCES

1. Programs Under the Older Americans Act

There are a variety of services funded by the Older Americans Act which are available in each community through the **Area Agency on Aging.** These services, which are available to all older persons, include information and referral, homemaker/home health-aides, transportation, congregate and home delivered meals, chore and other supportive services. Contributions are encouraged; however, there is no fee for services under Older Americans Act programs. The types of services available vary in each community based upon the needs and resources of a given locality. Contact the **Area Agency on Aging** for information about obtaining these services.*

2. Social Security

Social Security is a national retirement income supplement available to nine out of ten Americans over 65 years of age (persons age 62 may qualify under certain conditions). Monthly benefits are available to workers upon retirement, to their dependents and/or survivors, and to the severely disabled.

Individuals who wish to apply for Social Security may write or telephone the local Social Security office for instructions on how

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*See page 37 for the telephone number of the agency to help you.

to file a claim at least three months before becoming eligible for benefits. Spouses and widows/widowers may be eligible for special benefits, including death benefits. Individuals who are disabled before 65 may apply for Social Security disability benefits.

Older persons may have their Social Security checks sent directly to their bank by the United States Government. This prevents lost or stolen checks and eliminates a trip to the bank to deposit the check. Contact your local Social Security Office for information about direct deposit and ask your bank about this service.

3. Supplemental Security Income (SSI)

Supplemental Security Income (SSI) assures a minimum monthly income to needy persons with limited income and resources, who are 65, blind or disabled. Eligibility is based on income and assets. Local Social Security offices take applications, help file claims and provide information about the programs.*

4. Medicare

Medicare is a Federal health insurance program which helps defray many of the medical expenses of most Americans over the age of 65. Persons eligible for Social Security may also apply for Medicare benefits.

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Older persons should apply for Medicare benefits three months prior to the 65th birthday. For information about how to apply for Medicare, telephone or contact the local Social Security office. Working persons over 65 are entitled to Medicare even though they do not apply for Social Security.

Medicare has two parts:

A. *Part A—Hospital Insurance*—Medicare Part A helps pay the cost of inpatient hospital care. In some instances, and under certain conditions, Part A helps pay for inpatient care in a skilled nursing facility, home health care and hospice care.

Older persons and their families need to be knowledgeable about Medicare coverage. Detailed information about Medicare benefits, including a number of pamphlets explaining coverage can be obtained from the local Social Security Office.

It is important that older persons and their families understand patients' rights under Medicare. Written material describing these rights should be provided to patients upon admission to a hospital. This is especially true since the number of days in the hospital paid for by Medicare is governed by a system based upon patient diagnosis and medical necessity for hospital care. Once it has been determined that it is no longer medically necessary for the older person to remain in

the hospital, the physician will start the discharge process.

If the older person or the family disagrees with the decision to discharge the patient, the decision may be appealed. To initiate an appeal, the State's Peer Review Organization (PRO) must be contacted by the patient or the family. Each hospital has the name, address and telephone number for the PRO responsible for overseeing hospital inpatient services. Information about how to contact the PRO is available from the hospital administrator's office, social services or business office staff. The patient or family can obtain information about implementing appeal procedures from the PRO and should ask about time limits governing these procedures.

B. *Part B—Medical Insurance*—Part B helps pay for medically necessary doctors' services, outpatient hospital services and some other medical services. Enrollees must pay a monthly premium for Part B. Inquire at your local Social Security office for more information.

Medicare will pay for many health care services but not all of them. Medicare does not cover custodial care or care that is not determined to be reasonable and necessary for the diagnosis or treatment of an illness or injury. In some instances, Medicare may pay for certain psychiatric services. Individuals should check with the local Social Security of-

fice to learn which services are covered.

It is possible to privately purchase supplemental health insurance. This is sometimes referred to as "Medigap." Before purchasing a policy, care should be taken to assure that the plan provides the coverage that the older person wants and needs.

5. Medicaid

Medicaid is a health care program for low income persons cooperatively financed by Federal and State governments. Administered by States, the program provides for medical services to eligible individuals. Benefits cover both institutional and outpatient services. However, the types of services covered may differ from State to State. For example, some States may provide psychiatric services for persons over 65. Each State has a set of criteria that establishes eligibility for services under this program.

Further information about the Medicaid Program is available at the local county welfare, health or social service departments or the **Area Agency on Aging**.*

6. Other Types of Public Supported Programs

Other sources of public support include food stamps, Veteran's benefits, housing assistance

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and low income energy assistance for eligible older persons.

Veterans, their widows or widowers, or parents of veterans with limited income may be eligible for benefits. Contact the local Veterans Administration for the details.

Older persons must apply in order to participate in any of the programs described above.*

7. Private Resources

Families need to determine whether an older person has accumulated private resources which can be used to help pay for the cost of care. These resources may include retirement plans, long term care insurance, equity in a home, Certificates of Deposit (CDs) and Individual Retirement Accounts (IRAs) as well as assistance from family members.

8. Home Equity Conversion

Home equity conversion is a program which enables the owner to utilize the equity in a home for purchase of needed services. Some banks participate in this type of program and will arrange to free up these often overlooked resources to help cover the costs of services needed by the older person.*

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9. Property Tax Exemption and/or Deferrals

Property tax exemption and/or deferrals are available in some communities to persons over 65 who have a limited income. Contact the local tax office for more information.

10. Tax Benefits

There are a variety of Federal, State or local tax benefits available to older persons. Contact the Internal Revenue Service, State and local tax offices for further information.

11. Senior Citizens Benefits

Many communities offer special discounts for goods and services to their senior citizens. Reduced prices may be offered through discounts on prescription drugs, transportation services, restaurant meals, recreation facilities, bank services and many other services.*

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Health Services

HEALTH

1. Health/Medical Services

Good health care is a very important factor in remaining as independent as possible. Health care, diagnostic and medical services can be obtained through a private physician. When necessary, the family physician can make referrals to a specialist, a hospital or other health services. In some communities doctors will make house calls.

Another approach to receiving health care and medical services is through membership in a Health Maintenance Organization (HMO). Contrary to a fee-for-services approach, HMOs provide care for a predetermined, fixed fee. The patient has a physician who provides and monitors care and, through the HMO, arranges for any additional health care, diagnostic and/or medical services that may be needed. A patient enrolled in an HMO plan must use the doctors and health care facilities covered by the HMO plan or must pay for medical services received outside the plan. Neither the HMO nor Medicare will pay the cost of services rendered by other physicians or facilities except in an emergency situation.

Other types of health care services that many communities offer include educational programs about good health habits, physical fitness, proper nutrition, screening programs for cancer, high blood pressure, diabetes, dental, vision and hearing problems, rehabilitation programs, and programs that monitor the status of chronic physical conditions.

Older persons and their families need to take an active role in selecting the most suitable facility and service to meet the needs of the older persons.*

2. Health/Psychiatric Services

Good mental health is an important factor in remaining independent for as long as possible. Mental health care and diagnostic services may be obtained through private means such as psychiatrists and psychotherapists. Other mental health professionals, such as psychiatric nurses and social workers provide help with emotional problems. Services may also be obtained through the local Community Mental Health Center, psychiatric hospitals, and at some community hospitals.*

3. Hospital/Emergency Services

Many older persons, at some point in time, may require acute care services such as hospitalization and/or emergency medical services. Physical and mental health services are usually obtained through the family physician or the Health Maintenance Organization. If a physician is not available, the patient may be taken to the emergency room of the local hospital. Ambulance services are available in most communities if the patient cannot be taken to an emergency room by any other means.

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Soon after a person is admitted to a hospital, the patient and family should be contacted by the discharge planner or social worker. If such contact is not made, inquiries should be made about discharge planning. Plans for the care of the patient, after discharge from the hospital, should be made as early as possible. Older patients and their families should be knowledgeable about Medicare coverage of hospital costs and patients' rights under Medicare. More detailed information about Medicare benefits and patients' rights is provided in the Finances section under Medicare. (See page 2.)*

4. Hospice

Hospice programs provide support and care for terminally ill persons and their families in the last stages of disease. These services, which include pain relief, symptom management and supportive services, are provided in the home with arrangements for inpatient care when needed.*

5. Nursing Home Care

Most older persons continue to live independently throughout all or most of their lives. For older persons who may need assistance, families are often able to provide the

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physical and emotional supports that are needed. However, in some cases when family supports are either not available or needs exceed what families can provide, it becomes necessary for the older person to move into a nursing home.

Different nursing homes offer different levels of care. The types of nursing homes include:

A. ***A Skilled Nursing Facility (SNF)***—is a nursing home which provides 24 hour-a-day nursing services for a person who has serious health care needs but does not require the intense level of care provided in a hospital. Rehabilitation services may also be provided. Many of these facilities are Federally certified, which means they may participate in the Medicare or Medicaid programs.

B. ***An Intermediate Care Facility (ICF)***—is also a nursing home which is generally Federally certified in order to participate in the Medicaid program. It provides less extensive health care than a SNF. Nursing and rehabilitation services are provided in some of these facilities, but not on a 24 hour-a-day basis. These homes are designed for persons who can no longer live alone but need a minimum of medical supervision or assistance and help with personal and/or social care.

C. ***Board and Care Facilities***—provide shelter, supervision and care, but do not offer

medical or skilled nursing services. Unlike the SNF and ICF facilities, board and care facilities are not licensed to receive reimbursement under Medicare and Medicaid programs. In some States, the residents of board and care facilities may receive financial assistance through a State supplement to the individual's Supplemental Security Income (SSI) payment.*

D. *Choosing a facility*

☐ *Advance planning*

It is best to anticipate ahead of time that an elderly relative may need nursing home care. It is important for the older person to participate in the decision making process whenever possible. Early planning allows time for full exploration of the options available and will improve the chances of making appropriate decisions at the most appropriate time.

Three primary factors affecting the choice of a nursing home are the type of care required, the financial resources available and the convenience of location. In many States, pre-admission screening is required prior to admission to a nursing home. Information about choosing a nursing home can be obtained from the **Area Agency on Aging** in the area, information and referral agencies, local

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social service agencies, the Nursing Home Ombudsman, doctors, nurses, social workers, hospital discharge planners, clergy, friends or other families who have relatives in a nursing home. In addition, there are a number of publications available on nursing homes which may be found in a public library or book store.*

The first consideration in selecting a nursing home is to ensure that the facility can provide the type of care needed. Questions about what care may be needed should be discussed with the older person's physician.

The second prime factor is a frank analysis of the older person's financial status. There should be a complete inventory of available resources. This includes: source and level of income, property, savings accounts, stocks and bonds, veteran's benefits, pension provisions, insurance benefits and any family assistance available. If the older person can not afford to pay for nursing home care, hospital or local social services departments will provide information about eligibility requirements and procedures for applying for assistance from publicly financed programs. If an older person is unable to pay for nursing home care, the choice of a nursing home is limited to a facility which accepts Medicaid and has an opening.

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The third factor is to decide on the best geographic location. The best choice is a facility which is most convenient to family and friends.*

☐ *Emergency Placement*

Many older persons and their families delay or avoid discussions and decisions about nursing home placement until failing health forces an immediate decision. If immediate help is needed in locating a nursing home or determining the quality of care provided in a particular facility, contact the **Area Agency on Aging** for assistance. Additional valuable information can be obtained through consultation with the physician, hospital discharge planner, State or local Nursing Home Ombudsman, local Social Security office, clergy and families of other nursing home residents.

Emergency placement in a nursing home is necessary in some instances if an older person is required to transfer from the hospital to a nursing home on short notice. Even under these circumstances, appropriate timing and arrangements for this transfer should be discussed with the physician and hospital personnel.

Even though the need for nursing home placement is urgent, it is still essential to consider the type of care needed, the finances

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available and the convenience of the facility's location.

E. ***Nursing Home Ombudsman***—The best way for families to assure quality care for an elderly relative in a nursing home is for family members and friends to continue to be involved with the older person through frequent visiting and good communication with the nursing home staff. If a question or problem arises regarding care of the nursing home resident, the first step in resolving the issue is to talk to the nursing staff or the social worker. If the issue continues to be of concern, the next step is to talk to the nursing home administrator. If these steps do not resolve the issue, the resident and/or the family may want to contact the Nursing Home Ombudsman who serves the community. The Ombudsman works with nursing home residents and families to negotiate a satisfactory resolution to questions and/or problems which have surfaced.

All States and many local communities have an Ombudsman who is responsible for investigating and resolving complaints made by or on behalf of residents in long term care facilities. The Ombudsman monitors the implementation of Federal, State and local laws governing long term care facilities. In many

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areas, the Ombudsman sponsors and encourages the development of local citizen groups to promote quality care in long term care facilities.*

F. ***Patients' Rights***—Persons entering a nursing home continue to have the same civil and property rights as they had before entering the home. Nursing homes participating in the Medicaid and Medicare programs must have established patients' rights policies. Ask the nursing home for a copy of its patients' rights policies. Contact the Nursing Home Ombudsman program for more information. The Ombudsman can be reached through the **State Agency on Aging**.*

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COMMUNITY SERVICES

Community Services

1. Information and Referral

Most communities have agencies whose primary function is to provide people with information about where to go for the help they may need. If this type of assistance is required, a local **Area Agency on Aging** can help.*

2. Emergencies

Each community has an emergency number to dial in time of crisis. Check the telephone book or call the information operator for this number. It is helpful to post this number on each telephone for quick use in times of crisis.*

3. Transportation

There are services that can help in getting around in the community. A number of communities offer door-to-door transportation services for older persons such as vans or mini-buses which accommodate wheelchairs, walkers and other devices. Transportation may be provided to and from the doctor's office or other medical services; community facilities and other services.

Help may also be available in the form of escort services and shopping assistance.*

4. In-Home Health and Personal Care

Some older people may need help in the home

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with health care, such as taking medications, changing dressings, catheter care or other skilled nursing services. Others may need assistance with their personal care in the areas of bathing, dressing and grooming. Many communities have home health agencies that provide appropriate, supervised personnel to help older persons with both types of care.*

5. Homemaking, Home Maintenance and Chore Services

Services exist in many communities that help older persons with such activities as:

light housekeeping
laundry
shopping
errands
meal preparation
home improvement or maintenance
heavy cleaning
yard and walk maintenance.*

6. Home Improvement/Weatherization

Limited home improvement grants and/or loans are available to older persons who meet income eligibility guidelines under a federal block grant program. Funds can be used for roofing, ramps, and insulation.*

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7. Medical Equipment

Purchasing or renting medical equipment may become a necessity. In some cases, when ordered by a physician, rental or purchase of medical equipment is covered by Medicare or Medicaid. Some communities supply medical equipment through local voluntary agencies. In addition to the local **Area Agency on Aging**, the local health department may provide more information.*

8. Nutrition/Meals

Each **Area Agency on Aging** has information about group and home delivered meals that are available to older persons in the community. These programs help people maintain an adequate diet by providing a nutritious meal daily.*

9. Respite Care

There are ways that a relative can be relieved of caregiving duties for a short period of time. Some communities offer volunteer or paid respite care services which provide short term, temporary care for an impaired older person to relieve the family members who provide daily care to their relative.*

10. Adult Day Care Services

Adult day care services may be available in

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your community. This type of service provides social and some rehabilitative activities for the frail older person during the day in a community facility.*

11. Counseling

Communities often offer guidance and assistance for older persons and families in coping with physical impairments and such problems as substance abuse, financial crisis, bereavement and elder abuse.*

12. Support Groups

Groups have been formed in many communities that provide information and emotional support to older persons and/or their caregivers. These groups frequently focus on special needs such as Alzheimer's Disease, terminally ill persons, bereavement and other serious life situations.*

13. Reassurance

To reassure older persons living alone, many communities provide daily telephone contact, friendly visiting, the U.S. Postal Service's "Carrier Alert" program and emergency assistance programs.*

14. Social/Recreational Activities

Many communities support group activities for social, physical, religious, and recreational

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purposes. Senior Centers offer a good opportunity for recreation and social involvement with others. There are a number of other groups that focus on special interests such as arts and crafts, education, travel, and other interests.*

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LEGAL SERVICES

LEGAL ISSUES

Many communities offer legal services. For those elderly who are unable to appropriately manage their own affairs, legal and/or protective services may be needed. Such services are designed to safeguard the rights and interests of older persons, to protect them from harm, to protect the property of older persons and to provide advice and counsel to older persons and their families in dealing with financial and business concerns. Many communities have a Bar Association which makes referrals to practicing attorneys. Some legal issues that older persons and their families may be interested in could include:

1. Power of Attorney

This is a legal device which permits one individual known as the "principal" to give to another person called the "attorney-in-fact" the authority to act on his or her behalf. The attorney-in-fact is authorized to handle banking and real estate, incur expenses, pay bills and handle a wide variety of legal affairs for a specified period of time. The Power of Attorney can continue indefinitely during the lifetime of the principal so long as that person is competent and capable of granting power of attorney. If the principal becomes comatose or mentally incompetent, the Power of Attorney automatically expires just as it would if the principal dies. Therefore, this Power of Attorney may expire just when it is most needed.*

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2. Durable Power of Attorney

Because Power of Attorney is limited by competency of the principal, some States have authorized a special legal device for the principal to express intent concerning the durability of the Power of Attorney to survive disability or incompetency. This legal device is an important alternative to guardianship, conservatorship, or trusteeship. The laws vary from State to State and since this puts a considerable amount of power in the hands of the attorney-in-fact, it should be drawn up by an attorney licensed to practice in the State of the client. This device is to compensate for the period of time when an individual becomes incompetent to manage their own affairs appropriately.*

3. Guardianship

Guardianship or conservatorship is a legal mechanism by which the court declares a person incompetent and appoints a guardian. The court transfers the responsibility for managing financial affairs, living arrangements, and medical care decisions to the guardian.*

4. Wills

A well prepared will is an effective tool which provides explicit instructions for the distribu-

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tion of property and if appropriate, how that property is to be used after a person dies. Information about burial or cremation can also be included. A will designates an individual or individuals to serve as the executor(s) responsible for carrying out the instructions of the will. Generally, a will makes it easier to settle affairs more quickly and with less legal expense.

5. The "Right to Die": Living Wills

Public attention is increasingly focused on "right to die" issues as advancing medical technology makes it possible to sustain, almost indefinitely, some vestige of life in dying patients. The term "right to die" refers to individual decision making regarding the prolongation of life through the use of extreme measures. The instrument or legal provision which enables others to carry out a person's wishes regarding the non-use of extreme life sustaining measures is called a Living Will.

Many States have enacted statutes which enable persons to make a Living Will. A Living Will is a signed, dated and witnessed document which allows a person to state wishes in advance regarding the use of life sustaining procedures during a terminal illness. This document indicates the appointment of someone else to direct care if the patient is unable to do so. It should be signed and dated by two witnesses who are not blood relatives or beneficiaries of property. A Living Will

should be discussed with the doctor and a signed copy should be added to the individual's medical file. A copy should be given to the person who will make decisions in the event that the older person is unable to do so. It should be reviewed yearly to make changes as needed.*

6. Other Issues

A. Issues concerning property, estates and trusts are governed by State laws and in some cases, local ordinances. If finances do not permit hiring a private attorney, there are programs that provide both legal advice and legal representation in court to elderly and low income persons. For information, contact the local Bar Association or **Area Agency on Aging**.*

B. Sometimes, tenant/landlord issues arise regarding leases, services, rental rights and obligations. To get advice, contact your landlord tenant advisory council, a lawyer, or the local **Area Agency on Aging**.*

C. Questions about family responsibility for financial support for health care, medical and/or long term care frequently arise. Families may need to seek legal advice about their obligations.*

D. It is important for the consumer to make informed choices when planning funeral ar-

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rangements. Collection of information on the cost of desired arrangements and preplanning can help families avoid hasty, and often times expensive, decisions. Consumers have a right to choose only those funeral and cemetery arrangements they desire. A new funeral rule specifies that funeral providers must disclose the cost of all goods and services, and upon the request of the consumer, must provide a written price list.

Families may choose to have traditional funeral services, direct interment, cremation and memorial services. Body or organ donation may be another consideration.

Availability of death benefits should be ascertained. In some cases, these benefits could have a direct bearing on planning funeral arrangements. Death benefits may be derived from Social Security, the Veterans Administration, life and casualty insurance and other sources depending upon the circumstances at the time of death.

Many older persons have specific wishes about how the funeral is to be conducted and burial arrangements. Those wishes should be put in writing and left where they can easily be found by a responsible family member.*

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SHELTER

1. Congregate and Senior Housing Apartments

Congregate and group living arrangements are available for rental to older persons in many communities. Some facilities are privately financed and others are publicly assisted. In those communities which have congregate living facilities for low income older persons, application for a subsidized rental unit is made through the local Housing Authority.*

2. Accessory Apartments

An accessory apartment is an independent living unit with its own outside entrance, kitchen, and bath. Accessory apartments may be especially desirable for younger families who want their older relative(s) near, or for older residents of large houses with space that could be converted into an accessory apartment.*

3. Retirement and Life Care Communities

There are a variety of retirement and life care communities available in different parts of the country. Many retirement communities offer single family dwellings, rental apartments, condominiums and cooperatives which are sold or rented in the usual manner. In many of these communities, only the usual com-

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munity services such as police and fire protection, are available to residents. Other communities offer transportation, home delivered meals, and some in home services. It is important to inquire about what services are available and whether there are additional fees for these services.

In some parts of the country, living arrangements referred to as "life care communities" are available. In these communities, the resident, upon application, makes a one time payment and agrees to pay a monthly fee for services provided. The initial payment may range from $15,000 to $175,000 or more, depending upon the location and amenities offered. Monthly fees may range from $150 to over $2,000 or more for maintenance, chore services, housekeeping, meal and other personal care services. Many of these facilities have a "graduated care" arrangement which permits the resident to move from their own apartment into a nursing home unit, which includes skilled nursing home care, if needed. Frequently, these units will arrange for basic medical services. State and local regulations and requirements governing the operation and financing of these facilities vary considerably. Some States have no regulations or requirements regarding such facilities while other States prohibit the development of such facilities.

Facilities which are well designed and

carefully administered offer comfortable and independent living to many older persons. In all instances, if a family is considering this as a desirable housing alternative, an on-site visit to the facility and careful checking into the financial solvency of the organization is a *must*. Before entering into any contractual arrangements with such a facility, an attorney should be consulted.*

4. Shared Housing and Home Matching Programs

Shared housing is a living arrangement in which two or more unrelated individuals share the common areas of a house or apartment, while maintaining their own private space such as a bedroom. In home matching programs, potential home or apartment sharers are introduced to home or apartment seekers. Shared housing arrangements have three primary benefits. Financial benefits are derived from pooling resources to pay the rent, utilities, and other expenses associated with maintaining a home. A second benefit results from sharing the responsibilities for homemaking chores with others. Social interaction with other residents of the shared house is a third important benefit. Arrangements for shared housing can be made by individuals or by a public or private agency.*

*See page 37 for the telephone number of the agency to help you.

5. Echo Housing and Mobile Homes

Echo housing or "grannie flats" are usually small living units in the back or side yards of a single family home. A mobile home can offer many of the same advantages of proximity to the family that echo housing does. However, zoning restrictions may prohibit such an arrangement in urban areas.*

*See page 37 for the telephone number of the agency to help you.

State Agencies on Aging

State Agencies on Aging

In which state is the community you are concerned with located? Find the state below and call the agency listed. It will provide you with the telephone number of the **Area Agency on Aging** for that community. Call that agency to get the help you need!

State Agency:	Telephone Number:
Alabama Commission on Aging	(205) 261-5743
Older Alaskans Commission	(907) 465-3250
American Samoa Territorial Administration on Aging	(684) 633-1252
Arizona Office on Aging and Adult Administration	(602) 255-4446
Arkansas Department of Human Services	(501) 371-2441
California Department of Aging	(916) 322-5290
Colorado Aging & Adult Services Division	(303) 866-5122
Connecticut Department on Aging	(203) 566-3268

State Agencies on Aging

Delaware Division on Aging	(302) 421-6791
District of Columbia Office of Aging	(202) 724-5622
Florida Aging and Adult Services	(904) 488-8922
Georgia Office of Aging	(404) 894-5333
Guam Public Health and Social Services	(671) 734-2942
Hawaii Executive Office on Aging	(808) 548-2593
Idaho Office on Aging	(208) 334-3833
Illinois Department on Aging	(217) 785-3356
Indiana Department on Aging and Community Services	(317) 232-7006
Iowa Commission on Aging	(515) 281-5187
Kansas Department on Aging	(913) 296-4986
Kentucky Division for Aging Services	(502) 564-6930
Louisiana Governor's Office of Elderly Affairs	(504) 925-1700

State Agencies on Aging

Maine Bureau of Elderly	(207) 289-2561
Maryland Office on Aging	(301) 225-1102
Massachusetts Department of Elder Affairs	(617) 727-7751
Michigan Office of Services to the Aging	(517) 373-8230
Minnesota Board on Aging	(612) 296-2770
Mississippi Council on Aging	(601) 949-2013
Missouri Division of Aging	(314) 751-3082
Montana Community Services Division	(406) 444-3865
Nebraska Department on Aging	(402) 471-2307
Nevada Division for Aging Services	(702) 885-4210
New Hampshire State Council on Aging	(603) 271-2751
New Jersey Division on Aging	(609) 292-4833
New Mexico State Agency on Aging	(505) 827-7640

State Agencies on Aging

New York State Office for the Aging	(518) 474-4425
North Carolina Division of Aging	(919) 733-3983
North Dakota Aging Services	(701) 224-2577
Northern Mariana Islands Department of Community and Cultural Affairs	(670) 234-6011
Ohio Commission on Aging	(614) 466-5500
Oklahoma Services for the Aging	(405) 521-2281
Oregon Senior Services Division	(503) 378-4728
Pennsylvania Department of Aging	(717) 783-1550
Puerto Rico Gericulture Commission	(809) 724-1059
Rhode Island Department of Elderly Affairs	(401) 277-2858
South Carolina Commission on Aging	(803) 758-2576
South Dakota Office of	(605) 773-3656

Adult Services and Aging	
Tennessee Commission on Aging	(615) 741-2056
Texas Department on Aging	(512) 444-6890
Trust Territory of the Pacific Islands Office of Elderly Affairs	(670) 322-9328
Utah Division of Aging and Adult Services	(801) 533-6422
Vermont Office on Aging	(802) 241-2400
Virgin Islands Commission on Aging	(809) 774-5884
Virginia Department for the Aging	(804) 225-2271
Washington Bureau of Aging and Adult Services	(206) 753-2502
West Virginia Commission on Aging	(304) 348-3317
Wisconsin Office on Aging	(608) 266-2536
Wyoming Commission on Aging	(307) 777-6111

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